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AU 1641 PTO/SB/21 (08-00)

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FORM TRANSMITTAL FORM (to be used an all correspondence after initial filing)		Filing Dat	October 13, 200	• RECEI		
		First Nam d Invent r	Lu, Peter S.			
		Group Art Unit	1647	SEP 1 2 7		
		Examiner Name	Bridget E. Bunne	er TEOL CENTER		
otal Number of Pages in This Submission 2		Attorney Docket Number	020054-000210	er TECH CENTER 1		
		ENCLO	OSURES (check all that appl	(y)		
Fee Transmittal Form		Assigni	ment Papers Application)		After Allowance Communication to Group	
Fee Attached		☐ Drawing(s)		■	Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply		Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final		Petition		l —	Proprietary Information	
Affidavits/declaration(s)		Petition to Convert to a Provisional Application		Status Letter	Status Letter	
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Certified Copy of Priority Document(s)		The Commissioner is Remarks Deposit Account 20-1			authorized to charge any additional fees to 430.	
Response to Miss	•					
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Firm	Townsend and Tov			J. T. J.		
and Individual name	Brigitte A. Hajos	te A. Hajos Reg. No. 50,971				
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ORIGINALLY FILED Please type a plus sign (+) inside this box PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Deperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/687,837 Applicati n Number RECEIVED October 13, 2000 Filing Dat SEP 1 1 2002 Lu, Peter S. **First Named Inventor** ROWER OF ATTORNEY OR CLASP-2 TRANSMEMBRANE SEP 1 2 2002 Title NORIZATION OF AGENT **PROTEIN** 1647 TECH CENTER 1600/290 **Group Art Unit** Bridget E. Bunner **Examiner Name** 020054-000210US **Attorney Docket Number** I hereby appoint: Place Customer □ Practitioners at Customer Number 20350 Number Bar Code OR Label here ☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address ZIP City State Country Fax Telephone

Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. *Total of forms are submitted.

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I am the:

Name

Applicant/Inventor.

Peter S. Lu, M.D.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).